

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

RECEIVED
U.S. MARSHALPLAINTIFF
UNITED STATES OF AMERICACOURT CASE NUMBER
03-54E

DEFENDANT

TYPE OF PROCESS

Real Property Known and Numbered As 12 East 11th St., et al.

DESTROY PROPERTY

NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
SERVE **SEE BELOW**
AT **ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)**

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW		Number of process to be served with this Form 285
<p>MARY MCKEEN HOUGHTON ASSISTANT U.S. ATTORNEY 633 U.S.P.O. & COURTHOUSE PITTSBURGH, PA 15219 (412) 644-6750</p> <p>OCT 25 2006</p> <p>CLERK, U.S. DISTRICT COURT WEST. DIST. OF PENNSYLVANIA</p>		Number of parties to be served in this case
		Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

Fold

According to the attached Final Order of Forfeiture and Order dated October 6, 2003, please destroy the drug paraphernalia.

Signature of Attorney or other Originator requesting service on behalf of:	<input checked="" type="checkbox"/> PLAINTIFF	TELEPHONE NUMBER	DATE
<i>Mary M. Houghton</i>	<input type="checkbox"/> DEFENDANT	412-894-7398	10/25/03

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin	District to Serve	Signature of Authorized USMS Deputy or Clerk	Date
		No. _____	No. _____		

I hereby certify and return that I have personally served, have legal evidence of service, have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the individual, company, corporation, etc. shown at the address inserted below. I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode
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Address (complete only different than shown above)	Date	Time	<input type="checkbox"/> am <input checked="" type="checkbox"/> pm
	<i>Oct 24/2006 11:30 pm</i>		
	Signature of U.S. Marshal or Deputy <i>Ty L. Fallon</i>		

Service Fee	Total Mileage Charges including <i>endeavors</i>	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*)
<i>/</i>			<i>/</i>		

REMARKS:

Asset ID# 03-DEA-418390, 03-DEA-418392, 03-DEA-418394, 03-DEA-418396, 03-DEA-418399, 03-DEA-418402

See remarks in destruction order of drug paraphernalia

PRINT 5 COPIES: 1. CLERK OF THE COURT

PRIOR EDITIONS MAY BE USED

2. USMS RECORD

3. NOTICE OF SERVICE

4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.

5. ACKNOWLEDGMENT OF RECEIPT

Form USM-285
Rev. 12/15/80

Automated 01/00